

Occupational and Business Licensing 555 Wright Way Carson City, NV 89711 (775) 684-4690 www.dmvnv.com

LETTER OF AUTHORIZATION

Business Name:	Business License Number:
Address:	
City State Zip:	
Telephone Number:	<u></u>
Please check appropriate authorization boxes:	
☐ All Activities ☐ Pick Up Licenses ☐ Sign Renewal Form ☐ Titles; Authorized to sign title work	☐ Pick Up Plates/Decals☐ Titles, Pick Up only☐ Other
Printed Name of Agent	Signature
The following Agent is no longer authorized to represent m	y business:
Printed Name of Agent	Signature
Printed Name of Agent	Signature
I hereby authorize the changes as indicated above for my busing	ess with the Nevada Department of Motor Vehicles.
	Printed Name of Principal
	Signature Date

To protect your business, notify the Department immediately of any changes to the above information.